## Vanderburgh County Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in 1C 5-2-15-3.

Date:	<u>08/01/2011</u>	Address:	118 East Virginia
Case #:	<u>11-15420</u>		
County:	<u>Vanderburgh</u>		
Type of La	aboratory Seizure (cheek one)	Seizure Location (	check all that apply)
<u> </u>	onal Lab cal/Glassware/Equipment (only) ite (only)	<ul><li>✓ Residence</li><li>✓ Outbuilding</li><li>✓ Vehicle</li></ul>	☐ Hotel/Motel☐ Open – No Structure☐ Other:
(check all ti	nd: Location (bedroom, kitchen, open s hat apply) 1/Ammonia Reaction(s): upstairs	tir, etc)	
Red Ph	osphorous/Iodine Reaction(s):	_	
⊠ Flamma	able Solvents: upstairs		
⊠ Water I	Reactive Metal (Lithium): upstairs		
☐ Hydroc	hloric Acid Gas Generator(s):		
Anhydi	rous Ammonia:		
Corrosi	ve Acid:		
⊠ Corrosi	ve Base: upstairs		
Other (i	item and location):		
Yes _ No Childre Living con Estimated 1	or age 18 discovered (check appropria (number present)  n not present but evidence they resided ditions of home: clean disarra length of time manufacturing had bee Information:	e or visit often y 🔲 unclean	
This repor	t has been faxed to the following as	encies that serve the	location:
Health Dep	tment: <u>Evansvil</u> le partment: Vande <u>rburgh</u> t of Child Services:	Fax: <u>435-6</u> Fax: <u>435-5</u> Fax:	871
	information regarding this methample og Officer: <u>Eric Hackworth</u> Pho	-	ontact

This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.